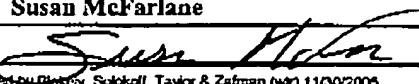


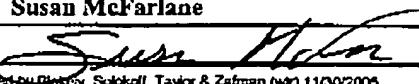
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/675,756
		Filing Date	September 29, 2000
		First Named Inventor	Andrew J. Kuzma
		Art Unit	2153
		Examiner Name	Sean M. Reilly
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P9327

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 21, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	August 21, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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FEE TRANSMITTAL for FY 2005

Per cent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

<i>Complete If Known</i>	
Application Number	09/675,756
Filing Date	September 29, 2000
First Named Inventor	Andrew J. Kuzma
Examiner Name	Sean M. Reilly
Art Unit	2153
Attorney Docket No.	42390P9327

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	41 3	80 th 4 th	0 0	50.00 200.00
Multiple Dependent				

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
1202	50	2202	26	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	780	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

*or number previously paid if greater. For Switzerland, see below.

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	80	2052	25	Surcharge - late provisional filing fee or cover
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	400	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,600	2254	795	Extension for reply within fourth month
1256	2,160	2255	1,080	Extension for reply within fifth month
1401	800	2401	250	Notice of Appeal
1402	800	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to Institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR
1810	790	2010	395	For each additional invention to be examined (37 CFR
Other fee (specify)				

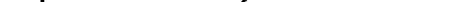
Fee Paid
120.00

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SUBTOTAL (2)

(S) 120.00

SUBMITTED BY

Complete (if applicable)					
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	08/21/06

Based on PTO/SB/17 (12-04) as modified by Blankley, Schlesoff, Taylor & Zelman (WTR) 12/15/2004
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